Under the paperwork Reduction Act of 1995, no persons are required to res	pond to a collection of h	nformation unless it dis	splays a valid OMB control number.	
PEŤITIOŇ FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number (Optional)		
FY 2007 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)		M 6257 RE		
Application Number 10/810,546		Filed 03/26/2004		
For Process for Coating and/or Touching Up Coatings on Metal Surfaces				
Art Unit 1755		Examiner Anthony J. Green		
This is a request under the provisions of 37 CFR 1.136(a) to exapplication.	stend the period fo	r filing a reply in t	the above identified	
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):				
	<u>Fee</u>	Small Entity Fee		
One month (37 CFR 1.17(a)(1))	\$120	\$60	\$	
Two months (37 CFR 1.17(a)(2))	\$450	\$225	\$	
Three months (37 CFR 1.17(a)(3))	\$1020	\$510	\$ <u>1020</u>	
Four months (37 CFR 1.17(a)(4))	\$1590	\$795	\$	
Five months (37 CFR 1.17(a)(5))	\$2160	\$1080	\$	
Applicant claims small entity status. See 37 CFR 1.27.				
A check in the amount of the fee is enclosed.				
Payment by credit card. Form PTO-2338 is attached.				
The Director is already been authorized to charge fees in this application to a Deposit Account.				
The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to				
Deposit Account Number 01-1250 Order Number : 07-0175. I have enclosed a duplicate copy of this sheet.				
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.				
I am the applicant/inventor.				
assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).				
attorney or agent of record. Registration N	lumber <u>34,789</u>			
attorney or agent under 37 CFR 1.34.  Registration number if acting under 37 CFR 1.34				
/Mary K. Cameron/		June 15, 2007		
Signature	Signature		Date	
Mary K. Cameron		248-589-4672		
Typed or printed name	Telephone Number			
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.				
Total of 1 form(s) are submitted.  This collection of information is required by 37 CFR 1.138(a). The information is required to obtain or retain a benefit by the public which is to file (and by the				
This collection of information is required by 37 CFR 1.138(a). The information is no USFTO to process, an application, Confidentiality is governed by 35 U.S.C. 122 a complete, including gathering, preparing, and submitting the completed application comments on the amount of time you require to complete this form and/or suggest U.S. Patert and Trademark Office, U.S. Department of Commerce, P.O. Box 155 CPRMS TO THE ADDRESS. SEND TO: Commissioner for Paterts, P.O. Box 155 CPRMS TO THE ADDRESS. SEND TO: Commissioner for Paterts, P.O. Box 155 CPRMS TO THE ADDRESS. SEND TO: Commissioner for Paterts, P.O. Box 155 CPRMS TO THE ADDRESS. SEND TO: Commissioner for Paterts, P.O. Box 155 CPRMS TO THE ADDRESS. SEND TO: Commissioner for Paterts, P.O. Box 155 CPRMS TO THE ADDRESS. SEND TO: Commissioner for Paterts, P.O. Box 155 CPRMS TO THE ADDRESS. SEND TO: Commissioner for Paterts, P.O. Box 155 CPRMS TO THE ADDRESS. SEND TO: Commissioner for Paterts, P.O. Box 155 CPRMS TO THE ADDRESS. SEND TO: Commissioner for Paterts, P.O. Box 155 CPRMS TO THE ADDRESS. SEND TO: Commissioner for Paterts, P.O. Box 155 CPRMS TO THE ADDRESS. SEND TO: Commissioner for Paterts, P.O. Box 155 CPRMS TO THE ADDRESS. SEND TO: Commissioner for Paterts, P.O. Box 155 CPRMS TO THE ADDRESS. SEND TO: Commissioner for Paterts, P.O. Box 155 CPRMS TO THE ADDRESS. SEND TO: Commissioner for Paterts, P.O. Box 155 CPRMS TO THE ADDRESS. SEND TO: Commissioner for Paterts, P.O. Box 155 CPRMS TO THE ADDRESS. SEND TO: Commissioner for Paterts, P.O. Box 155 CPRMS TO THE ADDRESS. SEND TO: Commissioner for Paterts, P.O. Box 155 CPRMS TO THE ADDRESS. SEND TO: Commissioner for Paterts, P.O. Box 155 CPRMS TO THE ADDRESS. SEND TO: Commissioner for Paterts, P.O. Box 155 CPRMS TO THE ADDRESS. SEND TO: Commissioner for Paterts, P.O. Box 155 CPRMS TO THE ADDRESS. SEND TO: Commissioner for Paterts, P.O. Box 155 CPRMS TO THE ADDRESS. SEND TO: Commissioner for Paterts, P.O. Box 155 CPRMS TO THE TO T	nd 37 CFR 1.11 and 1.1 n form to the USPTO. T lions for reducing this bit. N. Alexandria. VA 2231	<ol> <li>This collection is e ime will vary dependir urden, should be sent</li> <li>1450. DO NOT SEN</li> </ol>	stimated to take 6 minutes to g upon the individual case. Any to the Chief Information Officer.	

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.